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APPLICANTS

Stefan Vilsmeier, Kufstein, AUSTRIA;

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** FOREIGN APPLICATIONS *****

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Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

ADDRESS

RENNER, OTTO, BOISSELLE & SKLAR, LLP
 Nineteenth Floor
 1621 Euclid Avenue
 Cleveland, OH
 44115-2191

TITLE

Referencing or registering a patient or a patient body part in a medical navigation system by means of irradiation of light points

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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